



MEDIZEN

Chasara, Narayaganj.

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APPOINTMENT SLIP

APPOINTMENT DETAILS

Appointment Number: **APT-109**
Patient Name: **Shimanto**
Appointment Date: **2025-06-27**
Appointment Time: **17:10:00**
Serial Number: **2**
Consultancy Fee: **700.00 BDT**

DOCTOR INFORMATION

Doctor Name: **Dr. Priyanka Chowdhury**
Specialization: **Pediatrics**
Address: **Dhaka**
Contact: **01911111111**

IMPORTANT NOTES

1. Please arrive at least 15 minutes before your scheduled appointment time.
2. Bring this slip and any relevant medical reports with you.
3. Late arrivals may result in rescheduling.